ATTACHMENT 13
Sample Personal Care Screening Tool (PCST) Summary Sheet

ABC Personal Care Agency

Personal Care Screening Tool Summary Sheet

Applicant Information: Smith, Laura
123 W. Main St
Madison, WI 53706

Medicaid Number: 3213213212

Date of Birth: 11/27/1978

		Annual (53 weeks)	**Weekly**
Allocation:	**ADLs/Med Oriented Tasks** (includes incidental services and added time for behaviors, medical conditions and/or seizures)	2,968 units	56 units
	Accompany to Medical Appointments (PRN)	96 units	n/a

TOTAL ANNUAL ALLOCATION (53 weeks) 3,064 units

Manual Review Alert: You checked one or more boxes in Part 3 of the Medically Oriented Tasks section of the Web-based PCST. Manual review of your prior authorization request will be required only when the total amount of time computed by the PCST is insufficient for a personal care worker also to provide the delegated medical tasks identified in Part 3 *and* you are requesting additional time for those delegated medical tasks. Be sure to include the plan of care and other documentation as directed when submitting the PA request.

Manual Review Alert: The applicant is a child age 5 or younger. The prior authorization request may require manual review. Manual review of your prior authorization request will be required only when the total amount of time computed by the PCST is insufficient *and* it is determined that more assistance is needed than an adult would typically provide. Be sure to include the plan of care and other documentation as directed when submitting the PA request.

Screener Name: IM Screener **Screen Date:** 5/15/2006

Note: The PCST does not constitute prior authorization for the provision of Wisconsin Medicaid personal care services. Refer to Wisconsin Medicaid publications for more information on obtaining prior authorization.

Provider must complete the following before submitting to Wisconsin Medicaid

Billing Provider Name: _____

Billing Provider Address: _____

WI MA Certified Provider Number: _____

Please check one of the following statements:

☐ The recipient will be served by other providers under a **case share arrangement**.

☐ The recipient will **not** be served by other providers under a case share arrangement.

Note: The Personal Care Screening Tool (PCST) Summary Sheet will contain the information displayed in this sample, however the layout may differ slightly when using the live Web-based PCST.